

**V. INFORMATION, APPLICATION FORMS AND INSTRUCTIONS
FOR HOUSING PROJECTS**

V. APPLICATION FORMS AND INSTRUCTIONS FOR HOUSING PROJECTS

The information requested is needed to rate and/or rank your application. Lengthy applications that include supplemental data are specifically discouraged. The checklist on the following page identifies required items needed for housing applications.

If you have any questions concerning forms or instructions, please call the Office of Community Development at (225) 342-7412.

CHECKLIST FOR HOUSING APPLICATIONS

This checklist should not be included in the submitted application. This checklist is only provided for your information and use during the preparation of your application. All forms listed on this page are required for housing applications.

FORM	Page No.	Completed
General Description		
Supplemental Information		
Budget/Cost Summary		
LCDBG Program Time Schedule		
Activity Beneficiary		
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Maps		
Tabulation of Housing Units in Target Area		
Project Description		
A. Program Impact		
B. Cost Effectiveness and Housing Program Cost Estimate		
C. Needs Assessment		
D. Involvement of Auxiliary Entities		
E. Code Enforcement		
F. Designated Renewal Community		
Proofs of Publication		
Statement of Assurances		
Disclosure Report		

LOUISIANA COMMUNITY DEVELOPMENT BLOCK GRANT (LCDBG) HOUSING PROGRAM			1. Applicant Name	
2. Type of Application <u>This is a housing application</u>			3. Address	
4. Name of City Clerk or Parish Secretary			5. Applicant's Email Address	
6. Name and Phone Number of Administrative Consultant Preparing Application			7. Name and Phone Number of Engineering/Architectural Firm Preparing Application	
8. Administrative Consultant Email Address			9. Engineering/Architectural Firm Email Address	
10. Applicant's Fax Number			11. Parish	
12. National Objective Addressed: <input type="checkbox"/> Slum/Blight <input type="checkbox"/> Low/Moderate Income If Slum/Blight, please identify the following <input type="checkbox"/> Spot <input type="checkbox"/> Area			13. Total Amount of LCDBG Funds Requested \$	
14. Funds	Amount	Source of Funds	Fund Status	State Use Only
LCDBG	\$			
Local Funds	\$			
Private Funds	\$			
Other State	\$			
Federal Funds	\$			
Other Funds	\$			
TOTAL COST	\$			
15. Signature (Chief Elected Official)			16. Date	
17. Typed Name/Title			18. Telephone Number	

INSTRUCTIONS

General Description Form

- Item 1: Type of Application – Circle the type of project being applied for.
- Item 2: Enter applicant name (municipality or parish).
- Item 3: Enter mailing address of applicant (P.O. box or street address, name of city, and zip code plus four digits). (Note: For the four digit number, please contact your local post office).
- Item 4: Enter the name of the City Clerk or Parish Secretary.
- Item 5: Enter an Email address for the applicant. If the applicant does not have an Email address, enter “Not Applicable”.
- Item 6: Enter the name and phone number of the Administrative Consultant preparing the application. If the Consultant is self-employed, enter the individual’s name; otherwise, enter the name of the firm.
- Item 7: Enter the name and phone number of the engineering/architectural **firm** preparing the application. Enter the name of the firm, not the name of an individual.
- Item 8: Enter an Email address for the Administrative Consultant preparing the application. If the Administrative Consultant does not have an Email address, enter “Not Applicable”.
- Item 9: Enter an Email address for the Engineer/Architect preparing the application. If the Engineer/Architect does not have an Email address, enter “Not Applicable”.
- Item 10: Enter applicant’s FAX number. If the applicant does not have a FAX number, enter “Not Applicable”.
- Item 11: Enter the Parish in which the applicant is located.
- Item 12: Identify the national objective addressed by the proposed activity by placing an “x” in the []. Mark only one national objective for the application.

Principal benefit to low/moderate income persons is an objective that will be addressed by an activity whose beneficiaries will be at least fifty-one percent low/moderate income.

In order to claim that the proposed activity meets the objective of elimination or prevention of slums and blight, the following must be included. An area must be delineated by the applicant that:

- (1) Meets the definition of slums and blight as defined in Act 570 of the 1970 Parish Redevelopment Act, Section Q-8 (See Appendix 2 of the FY 2006 Action Plan), and
- (2) Contains a substantial number of deteriorating or dilapidated buildings or improvements throughout the area delineated.

The applicant must describe in the application the area boundaries (map), the conditions (number of deteriorated or dilapidated buildings or improvements) of the area at the time of its designation, and how the proposed activity will eliminate the conditions that qualify the area as slum and blight. Attach a narrative containing the above specifics as well as a map identifying the slum/blight area. If the slum/blight area is different from the target area, include a separate map.

- Item 13: Enter the total amount of LCDBG funds being requested.
- Item 14: Identify all funds that will be used for completion of the project. Include funds requested through this application and any other funding sources to be utilized. List amount of funds in each category and specific source of these funds. For example, "Local Funds" are any funds included in total project costs contributed by the unit of local government submitting the application. "Private Funds" are those from sources other than governmental entities such as private businesses, banks, etc. Any funds received through other state programs that are used for this specific project would be listed under "Other State Funds." Any federal funds, such as EPA, USDA Rural Development, etc., should be listed under "Federal Funds." Any other funds not previously identified to be used for the project should be listed under "Other" and the source specified. For each funding source, indicate the status of the funds, i.e., application being prepared, application submitted, preliminary approval, final approval.
- Item 15: The chief elected official must sign on line 15.
- Item 16: Enter the date the application was signed by the chief elected official.
- Item 17: Type or print the name and title of the chief elected official signing the application.
- Item 18: Enter the applicant's telephone number.

LCDBG PROGRAM

SUPPLEMENTAL INFORMATION

APPLICANT NAME _____

1. Identify the name and telephone number of the State Senator(s) representing your jurisdiction. Also identify the district number for each.

Name

Senate District #

_____	_____
_____	_____
_____	_____

2. Identify the name and telephone number of the State Representative(s) representing your jurisdiction. Also identify the district number for each.

Name

Representative
District #

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. Identify the U.S. Congressman representing your jurisdiction and congressional district number.

Name

Congressional District #

_____	_____
_____	_____
_____	_____

4. Target Area Zip Code + Four digits: _____

5. List the name of the target area(s).

Census Tract / Block Group / Log. Rec #

Name of target area _____

Name of target area _____

6. Applicant's fiscal year end date _____

INSTRUCTIONS

Supplemental Information

- Item 1: Enter the name, telephone number, and district number of each State Senator representing the local governing body for community-wide projects. If the project involves a target area(s), enter the names of only those State Senators representing the target area(s).
- Item 2: Enter the name, telephone number, and district number of each State Representative representing the local governing body for community-wide projects. If the project involves a target area(s), enter the names of only those State Representatives representing the target area(s).
- Item 3: Enter the name and district number of each Congressman representing the local governing body.
- Item 4: Enter the zip code + four digits for the project target area. (Note: If you are unsure of your + four digits of your zip code, please contact your local post office.) Please refer to the following scenarios which best describe the location of your project area.

- The zip code + four digits of the city/town/village hall should be used for applicants whose project is community-wide.
- For a project with multiple target areas, the zip code + four digits of the target area where the majority of the construction funds will be spent must be used.

Note: If you have any questions or need assistance, please call Carol Newton at (225) 342-7412.

- Item 5: Name or brief description of the target area(s). Indicate the census tract, block group, and the logical record number.
- Item 6: Enter the applicant's fiscal year end date.

BUDGET/COST SUMMARY FORM

APPLICANT NAME:

I. Costs by Activity (Read Instructions Before Completing)				
Activity (A)	LCDBG (B)	Other (C)	Total (D)	Source of Other Funds ¹ (E)
1.				
2.				
3.				
4.				
5. Administration				
TOTAL				

II. Line Item Budget – LCDBG Funds Only		For State Use Only
1. Acquisition of Real Property	\$	\$
2. Code Enforcement	\$	\$
3. Clearance Demolition	\$	\$
4. Rehabilitation Loans and Grants		\$
a. Rehabilitation	\$	\$
b. Reconstruction	\$	\$
c. Construction Administration for 4a & 4b	\$	\$
d. Spot Rehab	\$	\$
e. Spot Rehab Administration	\$	\$
5. Relocation Payments and Assistance (Permanent)	\$	\$
6. Administration	\$	\$
a. Preagreement Costs	\$	\$
b. Housing	\$	\$
7. Other	\$	\$
8. Other	\$	\$
9. Total	\$	\$

¹ If other funds are being injected in a housing project, refer to the “Certification of Other Funds” form on page XXX and the corresponding instructions.

INSTRUCTIONS
Budget/Cost Summary

Enter Name of Applicant.

SECTION I. COSTS BY ACTIVITY

Column A: List each activity on a separate line. Administration (including pre-agreement costs) is shown separately on line 5.

Columns B,

C, D, & E: For each activity, complete the cost columns. Indicate all LCDBG money you are requesting in Column B. In column (C) list other funds you will use to accomplish the activity. Add together LCDBG (B) and Other (C) and record the result in Column D. In Column E, identify the sources of the funds listed in Column C.

Be sure to include all costs related to an activity in the cost columns. For example, if you intend to construct a new sewer treatment plant, you must include the engineering costs, construction costs, inspection costs, etc.

SECTION II: LINE ITEM BUDGET

Include LCDBG costs only in this budget. In this section, the costs shown in the LCDBG column of Costs by Activity in Section I should be broken down by the type of cost.

Example:

- 3 Houses will be demolished but not replaced with demo costing \$5,000 each.
(Enter \$15,000 for item 3—Clearance Demolition)
- 6 Houses will be rehabilitated costing \$20,000 each
(Enter \$120,000 for item 4a—Rehabilitation)
- 6 Houses will be demolished and reconstructed at a cost of \$45,000 each
(Enter \$270,000 for item 4b—Reconstruction)
- Construction Administration for 12 units at \$3,200 per unit
(Enter \$38,400 for item 4c—Construction Administration)
- 4 Houses will be spot rehabbed costing \$6,250 each
(Enter \$25,000 for item 4d—Spot Rehab)
- Spot Rehab Administration for 4 units at \$1,000 per unit
(Enter \$4,000 for item 4e—Spot Rehab Administration)

NOTE: If the applicant is requesting reimbursement for pre-agreement costs for engineering/architectural and/or administrative consulting services, those funds must be identified on line 6a. In addition, the amount of funds requested for regular program administration must be identified on line 6b. The amount of funds requested for pre-agreement costs and regular program administration must be identified separately.

LCDBG PROGRAM TIME SCHEDULE						APPLICANT NAME:						
ACTIVITIES	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 5	Quarter 6	Quarter 7	Quarter 8	Quarter 9	Quarter 10	Quarter 11	Quarter 12
Activity #1 Milestones a. b. c. d. e.												
Activity #2 Milestones a. b. c. d. e.												
Activity #3 Milestones a. b. c. d. e.												
Activity #4 Milestones a. b. c. d. e.												

INSTRUCTIONS

Program Schedule

The LCDBG program may have a duration period up to three years (twelve quarters). On this schedule, for each major activity, indicate when completion of major project milestones is expected. For example, on a sewer project, milestones could be acquisition of easements, engineering, bid advertisement/award, construction, acceptance of work, and release of liens.

Consider the activities and decide what major tasks must be accomplished to complete them. List these tasks as milestones under **each** activity. Then indicate by lines on the twelve quarter schedule showing when these tasks will occur. **For each activity also estimate projected expenditures by dollar amount for each quarter. The expenditures should reflect all funds (LCDBG and other) being used to complete the activity. Distinguish between the funds by source and amount. Identify other funds with the use of parenthesis.**

If more space is needed, attach additional sheets.

When completing this form, identify **each** activity as it corresponds to the line item budget (Section II. of the Budget/Cost Summary Form).

Note: **Although pre-agreement costs will have been incurred prior to the award of a grant, identify those costs as administrative costs incurred in the first quarter.**

LCDBG HOUSING PROGRAM --- Activity Beneficiary Form

☐ Community-Wide ☐ Target Area ☐ Combined

Applicant:

List name of each activity excluding Admin & Acquisition:	1)		2)		3)	
	#	%	#	%	#	%
Households (total):						
Elderly Head of Household:						
Female Head of Household:						
Handicapped Head of Household:						
Persons (total):						
Total Mod/Low/ExLow Income:						
Moderate Income:						
Owner (for Rehab activity <u>only</u> , i.e. hookups):						
Renter (for Rehab activity <u>only</u> , i.e. hookups):						
Low Income:						
Owner (for Rehab activity <u>only</u> , i.e. hookups):						
Renter (for Rehab activity <u>only</u> , i.e. hookups):						
Extremely Low Income:						
Owner (for Rehab activity <u>only</u> , i.e. hookups):						
Renter (for Rehab activity <u>only</u> , i.e. hookups):						
Elderly:						
Handicapped:						
Race and Ethnicity	Race Total #	Of Total #, Indicate # Hispanic*	Race Total #	Of Total #, Indicate # Hispanic*	Race Total #	Of Total #, Indicate # Hispanic*
American Indian or Alaskan Native:						
Asian:						
Black or African American:						
Native Hawaiian or Other Pacific Islander:						
White:						
Am. Indian or Alaskan Native <i>and</i> White:						
Asian <i>and</i> White:						
Black or African American <i>and</i> White:						
Am. Indian or Alaskan Native <i>and</i> Black:						
Other Multi-racial:						

* Hispanic or Latino

INSTRUCTIONS

Activity Beneficiary Form

On housing projects this form must be completed for activities expected under Rehabilitation and/or Reconstruction. Each activity must be listed separately in a column. The information needed for this form will be taken from a local household survey. Housing applicants are required to conduct a one hundred percent survey of the target area(s).

If there is more than one target area, then the information must be determined for each target area independently of the others. An *Activity Beneficiary* form for each target area and an additional form with combined totals from the target areas must be submitted. Each target area must benefit at least fifty-one percent low to moderate income persons.

Spot Rehab beneficiaries will not be reported on this form as their identity and addresses will be largely unknown at the time of the preparation of this application. However, Spot Rehab beneficiaries will be reported in the closeout documents—at the conclusion of the project.

Demolition of vacant housing units addresses the slum/blight objective on a spot basis and will not be shown on this form. Also, acquisition and administration will not be included on this form.

The following definitions must be used when completing this form.

- Household – a dwelling unit and all persons who reside therein. The occupants may be a single family, one person living alone, unrelated individuals, two families, etc.
- Family – all persons living in the same household who are related by blood or contract (birth, marriage, adoption). In some instances, two families could reside in one household. Therefore, a household could involve one or more families.
- Low/Moderate Income – persons, families, or households whose combined annual income does not exceed eighty percent of the parish median income.
- Moderate Income – persons, families, or households whose combined annual income exceeds fifty percent but does not exceed eighty percent of the parish median income.
- Low Income – persons, families, or households whose combined annual income exceeds thirty percent but does not exceed fifty percent of the parish median income.
- Extremely Low Income – persons, families, or households whose combined annual income does not exceed thirty percent of the parish median income.
- Elderly – persons or head of family aged 62 or above.
- Handicapped – persons or head of family receiving disability payments or having an obvious handicap.
- American Indian or Alaskan Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

- White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Please refer to the definitions above concerning the racial/ethnic categories listed in this section. Enter the number of persons in the appropriate racial category under the “Total” column. Of the number in the “Total” column, enter the number of persons that are of Hispanic or Latino ethnicity in the “Hispanic” column. Consider “Race” to be a set and “Hispanic” to be a subset.

When identifying the number of persons by income category, each person should be included in only one category. For example, the number of extremely low income persons should not be counted in the number of low income persons. Each income category is self-contained and is not inclusive of other income categories. However; the “Total Mod/Low/ExLow” will be inclusive of all categories which are less than “above” income level.

To calculate the percentage of persons for each income group, you should divide the number of persons in the income category by the total number of persons surveyed, then multiply the result by 100. This percentage should be calculated to two decimal points. For example: If 373 persons surveyed were of extremely low income, and there was a total of 775 persons surveyed, the percentage of extremely low income persons would be 48.13.

SURVEY TABULATION FORM

1. Total occupied houses in target area _____. Total houses surveyed in target area _____.
2. Total households in target area _____. Total households surveyed in target area _____.
3. Total persons surveyed _____.
4. What is the ethnic/racial background of persons surveyed? Give totals.

	<u>Total</u>	<u>Hispanic/Latino</u>
American Indian/Alaskan Native	_____	_____
Asian	_____	_____
Black/African American	_____	_____
Native Hawaiian/Other Pacific Islander	_____	_____
White	_____	_____
Am. Indian/Alaskan Native <i>and</i> White	_____	_____
Asian <i>and</i> White	_____	_____
Black/African American <i>and</i> White	_____	_____
Am. Indian/Alaskan Native <i>and</i> Black	_____	_____
Other Multi-racial	_____	_____
5. Total families where head of household is:
 female: _____ elderly: _____ handicapped: _____
6. Total elderly persons _____ Total handicapped persons _____
7. Family income totals:

	<u># of persons</u>	<u># of families</u>
above moderate income limits	_____	_____
within moderate income limits	_____	_____
owner ²	_____	_____
renter	_____	_____
within low income limits	_____	_____
owner	_____	_____
renter	_____	_____
within extremely low income limits	_____	_____
owner	_____	_____
renter	_____	_____
8. Identify the data sources and methodology used to determine benefiting.
9. Total owner-occupied households _____ Total renter-occupied households _____
10. Give household totals for the following:

<u>OCCUPIED</u>	<u>VACANT</u>
_____ Rehab substandard (owner occupied/income eligible)	_____ Standard
_____ Rehab substandard (renter occupied/income eligible)	_____ Substandard, not in need of demolition
_____ Substandard – not eligible due to income	_____ Substandard, needs to be demolished
_____ Standard	
_____ Demolition and reconstruction	

² Owner/renter data required for housing rehabilitation and relocation activities within each income category.

INSTRUCTIONS

Survey Tabulation Form

When conducting a local survey, the median family income figures on pages 162-167 will be used as the basis of determining the specific income categories. The survey form provided in this application package must be utilized for the local survey. Housing projects require a one hundred percent survey.

Local surveys must be conducted for housing and street applications and must be conducted every two program years or prior to the beginning of each two year funding cycle. Neither the re-submittal of previously conducted surveys nor the use of census data will be accepted for street and housing applications.

Item 4. Racial/Ethnic Background Please refer to the definitions included in the instructions of the *Activity Beneficiary* Form concerning the racial/ethnic categories listed in this section. Enter the number of persons in the appropriate racial category under the “Total” column. Of the number in the “Total” column, enter the number of persons that are of Hispanic or Latino ethnicity in the “Hispanic” column.

Item 7. Family Income Total When identifying the number of persons and number of families by income category, each person and family should be included in only one category. For example, the number of extremely low income persons should not be counted in the number of low income persons. Each income category is self-contained and is not inclusive of other income categories. The number of persons identified as above moderate income limits, within moderate income limits, within low income limits, and within extremely low income limits should total the number of persons surveyed. This same procedure is true for the number of families identified by income category.

A complete set of survey forms must be submitted with the application as well as this survey tabulation form. Survey data must be submitted on the forms provided in this application package.

HOUSEHOLD SURVEY/OWNERSHIP VERIFICATION FORM**Map Key #** _____

I, _____, reside at _____, in
(Homeowner's Name) (EMS/911 Street Address)

_____, Louisiana and certify the following:
(Village, Town, City, Parish)

1. What type of structure is your home?

_____ Single Family Detached _____ Mobile Home/Modular Housing Unit
_____ Apartment _____ Other (Specify)

a. How many rooms are there in the home, excluding bathrooms, hallways, and closets? _____

2. Please answer the following questions concerning persons living in the home:

a. How many persons live in the home? _____

b. What is the ethnic/racial background of the persons?

American Indian/Alaskan Native

Asian

Black/African American

Native Hawaiian/Other Pacific Islander

White

American Indian /Alaskan Native *and* White

Asian *and* White

Black/African American *and* White

American Indian/Alaskan Native *and* Black

Other Multi Racial

Total

Hispanic/Latino

c. Is the head of household: _____ Female _____ Elderly _____ Handicapped

d. How many persons in the house are: _____ Elderly _____ Handicapped

e. Annual Household Income (Use income figures provided in the application package):

_____ Extremely Low _____ Low _____ Moderate _____ High

3. Do you: _____ Own _____ Rent _____ Have or Can Obtain Permanent Usufruct

a. The house I reside in was constructed in the year of _____.

b. I (We) have owned this house since the year of _____.

c. _____
Signature of Homeowner Date

4. _____
Name of Surveyor Date

5. Statements 3a. and 3b. above have been verified by the grant applicant (community).

Signature of Verifier Date

INDIVIDUAL HOUSEHOLD SURVEY/OWNERSHIP VERIFICATION FORM FOR HOUSING**PROJECTS**

(Page 2)

6. Common Housing Problems

Below is a list of common housing problems. Please check the problems that apply to your home.

- a. Roof leaks, water stains on ceiling _____
- b. Roof sags or is buckled _____
- c. Gutters or down spouts missing or broken _____
- d. Walls have holes or open cracks _____
- e. Walls lean or sag _____
- f. Outside paint is peeling, chipping, flaking _____
- g. Flooring and or foundation problems _____
- h. Porches, stairs or chimney sags or leans, or has missing bricks, stairs, etc. _____
- i. Windows are broken or missing _____
- j. Windows do not have screens _____
- k. Doors are loose or broken _____
- l. House has outdoor toilet _____
- m. Indoor toilet does not work _____
- n. House does not have hot and cold running water _____
- o. House does not have a heating system _____
- p. Heating system does not work _____
- q. Fuses burn out when several appliances are turned on at the same time _____
- r. Electrical wires are outside of walls, not inside the walls _____
- s. Electrical outlets have more plugs in them than they are supposed to _____
- t. There is no or very little ceiling insulation _____

7. Please make the following determination regarding this house in terms of the type of assistance to be provided. See instructions for definition of rehabilitation. Check only one item below:**OCCUPIED:**

- Rehabilitation substandard (owner occupied/income eligible) _____
- Substandard (not eligible/renter occupied) _____
- Substandard (not eligible because of income) _____
- Standard _____
- Demolition and reconstruction _____

VACANT:

- Standard _____
- Substandard (not in need of demolition) _____
- Substandard (demolition) _____

INSTRUCTIONS

Individual Household Survey/Homeownership Verification Form for Housing Projects

Enter the appropriate information in the blank spaces in the certification statement. A separate form must be completed for every structure in the target area. One complete set of these individual household survey/homeownership verification forms must be submitted with the application. A field map of the target area must be submitted as well. For more detailed instructions concerning the field maps, please see the Maps section on page 126. Use this form for rehabilitation, reconstruction, clearance demolition, and spot rehabilitation.

The following definitions must be used when completing this form.

- Household – a dwelling unit and all persons who reside therein. The occupants may be a single family, one person living alone, unrelated individuals, two families, etc.
- Family – all persons living in the same household who are related by blood or contract (birth, marriage, adoption). In some instances, two families could reside in one household. Therefore, a household could involve one or more families.
- Low/Moderate Income – persons, families, or households whose combined annual income does not exceed eighty percent of the parish median income.
- Moderate Income – persons, families, or households whose combined annual income exceeds fifty percent but does not exceed eighty percent of the parish median income.
- Low Income – persons, families, or households whose combined annual income exceeds thirty percent but does not exceed fifty percent of the parish median income.
- Extremely Low Income – persons, families, or households whose combined annual income does not exceed thirty percent of the parish median income.
- Elderly – persons or head of family aged 62 or above.
- Handicapped – persons or head of family receiving disability payments or having an obvious handicap.
- American Indian or Alaskan Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

1. Mark the space that corresponds with the type structure of the home.
 - a. Enter the number of rooms in the home, excluding bathrooms, hallways and closets.

Answer the questions following the directions below:

- b. Enter the number of persons living in the home.
 - c. Enter the number of persons living in the home in the appropriate racial category under the “Total” column. Of the number in the “Total” column, enter the number of persons that are of Hispanic or Latino ethnicity in the “Hispanic/Latino” column.
 - d. If the head of household is female, elderly, or handicapped, please indicate in this space.
 - e. Enter the number of persons living in the household that are elderly or handicapped.
 - f. To identify the income category, you must consider the income of the **entire** household. Exhibit V.1 identifies the moderate income limits, low income limits, and extremely low income limits for all of the eligible applicants. The table on pages 162 and 163 identifies the extremely low income categories by number of persons in the household for each parish. The table on pages 164 and 165 identifies the low income categories by number of persons in the household for each parish. The table on pages 166 and 167 identifies the moderate income categories by number of persons in the household for each parish. The applicant should use the figures for the parish in which the applicant is located. Those figures should be inserted on the *Individual Household Survey/Ownership Verification* form shown as on page 123. Refer to the completed chart for Acadia Parish on page 124 as an example. **A copy of the completed chart identifying the income limits for each household size and income category that is actually used to conduct the survey must be submitted with the application package.**
2. Mark the selection that applies to the persons living in the home. The homeowner must sign and date the form.
 - a. Enter the year the home was constructed.
 - b. Enter the year ownership of the home was obtained.
 - c. The homeowner must sign and date this form.
 3. Enter the name of the person conducting the survey and the date the survey was conducted. Enter the map key number from the field map that corresponds to the home.
 4. The community submitting the owner-occupied applications for rehabilitation must verify items 3a and 3b. The individual who verifies this information must sign and date this form.
 5. This section identifies common housing problems. Mark any problems that are appropriate for each structure.
 6. Mark the category of treatment that is appropriate for the structure. Check only one item.

If the estimated cost of the rehabilitation work exceeds seventy-five percent of the fair market value of the house after the rehabilitation work is complete, then the house is not eligible for rehabilitation, but may be reconstructed. This standard is a general rule to use when assessing the housing units for treatment. Mobile and modular homes may not be rehabilitated with LCDBG funds. However, mobile and modular homes may be reconstructed with “stick built” housing units with LCDBG funds. If you have any questions concerning rehabilitation versus reconstruction when developing your application, please call Wayne Dale or Gene Gautreaux at (225) 342-7412.

The demolition of vacant substandard housing units is eligible under the clearance, demolition activity. Houses that are vacant, but are not substandard, are not eligible for demolition under this program. Demolition of vacant housing units that are not substandard is addressed by the Anti-Displacement regulations at Section 104 (d) of the Housing and Community Development Act of 1974, as amended. If the applicant demolishes a housing unit that is not substandard with LCDBG funds, then the local governing body would be required to replace the demolished housing unit on a one for one basis.

Rental units are not eligible for assistance under the LCDBG Housing Program.

This form is to be utilized for all homes within the target areas. Beneficiaries of Spot Rehab which reside outside of the target area will become known at some future point after the application is funded. Spot Rehab beneficiaries will be reported with closeout documents and are not to be specifically reported in the original application.

The State will conduct a site visit of some of the higher rated housing applicants prior to making grant awards. The State reserves the right to make determinations regarding the assessment of housing units concerning rehabilitation, reconstruction, and demolition.

INCOME CATEGORIES
HOUSEHOLD SURVEY FOR HOUSING PROJECTS

Choose the income category below that corresponds to the total annual household income per household size.

CATEGORY	HOUSEHOLD SIZE								
	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons	9 or more persons*
Extremely Low Income	\$ - 0 - to \$ _____	\$ - 0 - to \$ _____	\$ - 0 - to \$ _____	\$ - 0 - to \$ _____	\$ - 0 - to \$ _____	\$ - 0 - to \$ _____	\$ - 0 - to \$ _____	\$ - 0 - to \$ _____	Number Of Persons _____ Annual Household Income \$ _____
Low Income	\$ _____ to \$ _____	\$ _____ to \$ _____	\$ _____ to \$ _____	\$ _____ to \$ _____	\$ _____ to \$ _____	\$ _____ to \$ _____	\$ _____ to \$ _____	\$ _____ to \$ _____	
Moderate Income	\$ _____ to \$ _____	\$ _____ to \$ _____	\$ _____ to \$ _____	\$ _____ to \$ _____	\$ _____ to \$ _____	\$ _____ to \$ _____	\$ _____ to \$ _____	\$ _____ to \$ _____	
High Income	Over \$ _____	Over \$ _____	Over \$ _____	Over \$ _____	Over \$ _____	Over \$ _____	Over \$ _____	Over \$ _____	

* For households with 9 or more persons, enter the number of persons in the household and the annual household income figure and later contact Mr. William Hall, Office of Community Development, at 225/342-7412.

A copy of this chart with the income figures inserted that is used to conduct the actual survey must be submitted with the application.

EXAMPLE

INCOME BY FAMILY SIZE - ACADIA PARISH

CATEGORY	FAMILY SIZE								
	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons	9 or more persons*
Extremely Low Income	\$ <u>- 0 -</u> to \$ <u>9,900</u>	\$ <u>- 0 -</u> to \$ <u>11,350</u>	\$ <u>- 0 -</u> to \$ <u>12,750</u>	\$ <u>- 0 -</u> to \$ <u>14,150</u>	\$ <u>- 0 -</u> to \$ <u>15,300</u>	\$ <u>- 0 -</u> to \$ <u>16,450</u>	\$ <u>- 0 -</u> to \$ <u>17,550</u>	\$ <u>- 0 -</u> to \$ <u>18,700</u>	Number Of Persons
Low Income	\$ <u>9,901</u> to \$ <u>16,500</u>	\$ <u>11,351</u> to \$ <u>18,900</u>	\$ <u>12,751</u> to \$ <u>21,250</u>	\$ <u>14,151</u> to \$ <u>23,600</u>	\$ <u>15,301</u> to \$ <u>25,500</u>	\$ <u>16,451</u> to \$ <u>27,400</u>	\$ <u>17,551</u> to \$ <u>29,250</u>	\$ <u>18,701</u> to \$ <u>31,150</u>	
Moderate Income	\$ <u>16,501</u> to \$ <u>26,450</u>	\$ <u>18,901</u> to \$ <u>30,200</u>	\$ <u>21,251</u> to \$ <u>34,000</u>	\$ <u>23,601</u> to \$ <u>37,750</u>	\$ <u>25,501</u> to \$ <u>40,800</u>	\$ <u>27,401</u> to \$ <u>43,800</u>	\$ <u>29,251</u> to \$ <u>46,800</u>	\$ <u>31,151</u> to \$ <u>49,850</u>	Annual Household Income
High Income	Over \$ <u>26,450</u>	Over \$ <u>30,200</u>	Over \$ <u>34,000</u>	Over \$ <u>37,750</u>	Over \$ <u>40,800</u>	Over \$ <u>43,800</u>	Over \$ <u>46,800</u>	Over \$ <u>49,850</u>	

INSTRUCTIONS

Income By Household Chart

The table on pages 162-163 identifies the extremely low income categories by number of persons in the household for each parish, the table on pages 163-164 identifies the low income categories by number of persons in the household for each parish, and the table on pages 165-166 identifies the moderate income categories by number of persons in the household for each parish. Those figures should be inserted on the survey form for the corresponding household sizes. Refer to the completed chart for Acadia Parish on the next page as an example. Please note that the extremely low income figure by household size directly corresponds to the figure shown in the table on page 162. The lower end of the range for the low income figure is \$1 more than the extremely low income limit and the lower end of the range for the moderate income figure is \$1 more than the low income limit.

If there are five persons in a household located in Acadia Parish and the annual household income is \$42,000, then the household would be classified as high income. If that same household had an annual income of \$10,000, then the household would be classified as extremely low income.

A copy of the completed chart identifying the income limits for each household size and income category that is actually used to conduct the survey must be submitted with the application package.

MAPS

A map that delineates the following items for the target area must be included in the application package:

1. census tracts and/or block groups by number;
2. location of concentrations of minorities, showing number and percent by census tracts and/or block groups;
3. location of concentrations of low and moderate income persons, showing number and percent by census tracts and/or block groups;
4. boundaries of areas in which the activities will be concentrated; and
5. specific location of each activity.

Housing applications may only have two target areas. In delineating the target areas, it must be kept in mind that the boundaries must be coincident with visually recognized boundaries such as streets, streams, canals, etc. Property lines cannot be used unless they are also coincident with visually recognized boundaries. However, if your project includes a long street with no visually recognized boundaries that would prohibit you from treating all housing units on that street, then you must contact the Office of Community Development to discuss setting a boundary for the target area. Also, if you are able to complete the primary target area and have not reached the maximum grant amount of \$600,000, then the State would consider a request to treat a partial section of a street with no visually recognized boundaries. Prior approval from the State is required.

A separate detailed field map for each street identifying every structure (both occupied and vacant) on that street must be included in the application. Each structure must be identified by a number that corresponds to the “map key” number on the applicable survey form on page 97. A sample housing project field map and corresponding survey form are shown as Exhibit V.2 on pages 147, 148, and 149.

The following instructions will help you to identify the census tracts/block groups that are in your target area. If you do not have a community-wide project, then you will need this information to obtain the H6. Occupancy Table from the census website as well as to identify on your project map.

Go to <http://www.census.gov/> and click on **American FactFinder** from the selection on the left. At the bottom of the **American FactFinder** page you will find a selection titled **Maps -Locate Census Geographies**. Choose **Reference Maps**. A map of the United States will appear in the top half of the web page and the box to enter a street address is on the bottom half. The easiest method is to use the street address(es) of your target area. Enter the street address in the address box and click on the **Go** button. A map will display with Census Tracts and Block Group numbers. For a more detailed identification of Census Tracts and Block Groups in your target area, click on a lower **Zoom** button on the right.

If you do not have the street address(es) of your target area, then you can do a map search for your target area by clicking on Louisiana on the Map of the United States that will appear after you choose **Reference Maps**. Then click on the Parish of the target area. Identify a place that is near the target area and place your cursor on that area and click. Each subsequent click will provide more detailed maps with Census Tracts and Block Groups. You can also reposition the map by clicking on the directional arrows.

TABULATION OF HOUSING UNITS IN TARGET AREA # _____

A 100 percent survey of all houses in the target area(s) is required. In each cell of the table below, enter the number of units of that type based on the household survey. If none, write -0-. A separate form must be completed for each target area as well as a form showing the combined totals. There is a maximum of two target areas for housing.

	ABOVE INCOME			BELOW INCOME			TOTAL		
	Standard	Sub-standard	Total	Standard	Sub-standard	Total	Standard	Sub-standard	Total
Owner-occupied Units	(a)	(b)*	(c)	(d)	(e)*	(f)	(g)	(h)*	(i)
Rental Units	(j)	(k)*	(l)	(m)	(n)*	(o)	(p)	(q)*	(r)
Vacant Units	XXXXXXXXXX XXXXXXXXXX XXXX	XXXXX XXXXX XXXXX XXXXX	XXXXXXXX XXXXXXXX XXXXXX	XXXXXXXX XXXXXXXX XXXXXXXX	XXXXXXX XXXXXXX XXXXXXX	XXXXXXX XXXXXXX XXXXXXX	(s)	(t)*	(u)
Total	(v)	(w)*	(x)	(y)	(z)*	(aa)	(bb)	(cc)*	(dd)

For those cells with an *, indicate below the number of those units that are suitable for demolition.

*b ____ *q ____
 *e ____ *t ____
 *h ____ *w ____
 *k ____ *z ____
 *n ____ *cc ____

INSTRUCTIONS

Tabulation of Housing Units in Target Area

The data for completing the “Tabulation of Housing Units in the Target Area” can be taken from the survey forms. This data will be useful in completing the other forms required for a housing application. A survey sheet must be completed for one hundred percent of the total housing units (houses, mobile homes, and/or modular housing units) within the target area.

LCDBG PROGRAM
HOUSING REHABILITATION

APPLICANT NAME:

PROJECT DESCRIPTION

(Use only one sheet per target area)

INSTRUCTIONS

Project Description

The information needed in the Project Description should fit on one single spaced page; however, use more than one page if necessary.

If applicable, indicate the number of housing units you plan to rehabilitate or reconstruct that is located in the FEMA one hundred year flood plain.

Describe intended improvements regarding rehabilitation, reconstruction and clearance demolition. Indicate the estimated number of houses to be either (a) rehabilitated or (b) reconstructed and (c) clearance demolition, if any, anticipated.

The description of each activity must clearly identify the boundaries of the target area(s) by street names or numbers or other notable boundaries such as a canal or the corporate limits. The written description must clearly match the boundaries defined on the project map.

State whether Spot Rehab is anticipated to be part of the project. If Spot Rehab is part of the application, a description of the “defined area” should be stated. See page 16 for a definition of a defined area. A description of the minimum and maximum amounts to be allowed for each Spot Rehab home may be designated. Example: Minimum of \$1,500 and a maximum of \$7,000. A statement regarding the timing of Spot Rehab activity relative to other grant activities should be given. Example: “In order to facilitate a timely close-out of the grant, spot rehab must be initiated during the same time period as other rehabilitation and/or reconstruction activities.”

A. PROGRAM IMPACT (Does not include Spot Rehab)	
1. How many owner-occupied units in the target area will be rehabilitated to HUD Section 8 and Cost Effective Energy Conservation Standards?	
2. How many low/moderate owner-occupied units, including modular and mobile homes, in the target area are suitable for rehabilitation? (cell e* minus *e)	
3. Percent of owner-occupied units needing rehabilitation in the target area that will be rehabilitated. Follow the formula below: (A1 divided by A2 = A3)	_____ %
4. Number of owner-occupied units to be demolished and reconstructed, including modular and mobile homes.	
5. Number of vacant units to be demolished.	_____
6. PROGRAM IMPACT (A1 + A4 + A5) divided by (A2 + cell *e + cell *t) = A6.	_____ %

INSTRUCTIONS

A. Program Impact

(Do not enter Spot Rehab data on the Program Impact Form)

1. Indicate the total number of owner-occupied units inside the target area that will be rehabilitated. Rehabilitation is defined as the provision of improvements to a substandard unit in order that it meets, at a minimum, Section 8 Existing Housing Quality Standards and HUD's Cost Effective Energy Conservation Standards after improvements are completed. Generally, there is a minimum of \$10,000 of expenditures per unit.
2. Indicate the total number of low/ moderate income, owner-occupied units, including modular and mobile homes, in the target area that need and qualify for rehabilitation. See the Tabulation of Housing Units in Target Area form for obtaining data regarding *e and e*.
3. Indicate the percentage of owner-occupied units that need rehabilitation that will be rehabilitated. (Divide line A1. by line A2.)
4. Indicate the total number of owner-occupied units that will be demolished and reconstructed, including modular and mobile homes. If a unit requires repairs that would cost seventy-five percent or more of the replacement value to bring it in compliance with HUD's Section 8 Existing Housing Quality Standards and Cost-Effective Energy Standards, that unit would be suitable for demolition and reconstruction. For example, if it would cost \$17,500 to repair a house with a replacement value of \$20,000, the house would be suitable for demolition and reconstruction.
5. Indicate the total number of vacant units to be demolished. Do not include A4.
6. To compute the Program Impact, two steps are required. First, add the number of owner-occupied units in the target area that will be rehabilitated (line A1) and the number of units that will be demolished (line A4. + line A5.) to determine the total number of units to be treated. Second, divide the resulting number by the following sum: the number of owner-occupied units needing rehabilitation (line A2.) + the number of owner-occupied units suitable for demolition (cell*e) + the number of vacant units suitable for demolition (line *t). The information for cells *e and *t can be obtained from the Tabulation of Housing Units Form.

**** Please remember, modular and/or mobile homes and the property on which the homes are located must be owned by the same person in order to be eligible for assistance with LCDBG funds.**

B. COST EFFECTIVENESS AND HOUSING PROGRAM COST ESTIMATE (LCDBG funds)			
	<u>No. of Units</u>	<u>Avg. LCDBG Cost per Unit</u>	<u>Total LCDBG Cost</u>
1. Construction			
Rehabilitation	_____	\$ _____	\$ _____
Reconstruction (including demo portion of recon)	_____	\$ _____	\$ _____
Spot Rehabilitation	_____	\$ _____	\$ _____
Clearance Demolition	_____	\$ _____	\$ _____
Other _____	_____	\$ _____	\$ _____
Other _____	_____	\$ _____	\$ _____
Other _____	_____	\$ _____	\$ _____
TOTAL CONSTRUCTION COST			\$ _____
2. Construction Administration for Rehabilitation			\$ _____
3. Construction Administration for Reconstruction			\$ _____
4. Construction Administration for Spot Rehab			\$ _____
5. Program Administration			\$ _____
6. Pre-agreement Costs			\$ _____
7. Other _____			\$ _____
—			\$ _____
8. TOTAL PROJECT COST			\$ _____

Note: Spot Rehab will not affect the rating factor of Cost Effectiveness.

INSTRUCTIONS

B. Cost Effectiveness and Housing Program Cost Estimate (LCDBG Funds Only)

1. Item 1 covers material, labor, equipment, and incidental costs for the major construction activities. This form, once completed, should be in agreement with the Budget/Cost Summary Form.
2. Construction administration costs for Rehabilitation (improvements to an existing home) includes the work write-ups, inspection, etc. The maximum allowable cost is \$3,200 per completed unit.
3. Construction administration costs for Reconstruction (demolition and replacement of a home on the same site) includes the work write-ups, inspection, etc. The maximum allowable cost is \$3,200 per completed unit.
4. Construction administration for Spot Rehab (limited treatment of a safety or health condition) includes the work write-ups, inspection, etc. The maximum allowable cost is \$1,000.
5. The maximum allowable cost for general program administration is \$35,000. These costs include overall program administration, ownership verification, income verification, application verification, title searches, demolition administration, etc.
6. Pre-agreement costs and those costs associated with application preparation cannot exceed \$2,500. Of this amount, a maximum of \$1,000 will be allowed for the packaging of the application and a maximum of \$1,500 will be allowed for household surveying costs. The \$1,500 for household surveying is allowed only if the administrative consultant conducts the household survey. The administrative consultant is required to make a minimum of one on-site visit in order to request pre-agreement costs.
7. Other: Put it here if it does not fit anywhere else.
8. Enter total LCDBG funds for the entire project.

C. NEEDS ASSESSMENT

1. Number of owner-occupied and vacant units to be treated in target area
(A1 + A4 + A5) _____
2. Number of units in need of treatment in target area (line cc of Tabulation
of Housing Units Form) _____
3. Percent of owner occupied and vacant needs addressed ($C1/C2 = C3$) _____ %

D. INVOLVEMENT OF AUXILIARY ENTITIES

1. Will other agencies or organizations assist in the renovation or reconstruction of housing units in the target area(s)?

Yes [] No []
2. If yes, provide a brief description of the assistance that will be provided and insert documentation of such behind this form. (In order to receive point, the information required in the instructions must be included.)

INSTRUCTIONS

C. Needs Assessment

1. Indicate the total number of owner-occupied and vacant units in the target area that are scheduled for treatment (rehabilitation, demolition, reconstruction). Add lines A1 + A4 + A5 from the Program Impact form.
2. Identify the total number of units in the target area that are in need of treatment. This number can be taken from cell cc* of the tabulation of housing units form.
3. To determine the total percent of owner-occupied or vacant needs that will be addressed, divide line C1 by line C2.

D. Involvement of Auxiliary Entities

1. If other volunteer and civic agencies or organizations will assist in the renovation or replacement of housing units in the housing target area(s), mark the "Yes" box and provide the information requested in D2. If not, mark the "No" box and proceed to Part E. Assistance that will only provide general cleanup of the target area(s) and/or counseling services will not qualify for these points.
2. If other assistance is to be provided, include a brief description of that assistance. Specific documentation of that assistance must be included. Such documentation must be on the letterhead of the agency or organization providing the assistance and must identify the specific assistance to be provided.

E. CODE ENFORCEMENT

1. Will non-LCDBG funds or resources be used in the target area for code enforcement for the purpose of correcting problems that contribute to slum and blight?

Yes []

No []

2. If yes, provide a brief description of the assistance that will be provided and insert documentation of such behind this form. In order to receive these points, the local governing body must have an ongoing code enforcement program and submit documentation supporting code enforcement activities.

F. TARGET AREA WITHIN A DESIGNATED ENTERPRISE COMMUNITY, COMMUNITY EMPOWERMENT ZONE, OR RENEWAL COMMUNITY

1. Is the target area(s) within the boundaries of a federally designated renewal community?

Yes []

No []

2. If yes, a map identifying the boundaries of the renewal community area and the location of the target area must be included behind this form. The map should also identify the name of the renewal community and the census tracts/block groups involved.

INSTRUCTIONS

E. Code Enforcement

If other (non-LCDBG) funds or resources will be used in the target area for code enforcement, mark the "Yes" box and provide the information requested in E2. If not, mark the "No" box and proceed to Part F. The purpose of using these other funds or resources is to address or correct problems that are contributing to the slum and blight of the target area. In order to receive these rating points, the community must have a formal code enforcement program in place. LCDBG funds cannot be used for this purpose.

F. Target area(s) Within the Boundaries of a Federally Designated Renewal Community

1. If the target area(s) is located within the boundaries of a federally designated Renewal Community, then mark the "Yes" box. The entire target area must be located within the boundaries of the federally designated area in order for the applicant to get the rating point.
2. Provide a map identifying the following:
 - Name of the Renewal Community
 - Boundaries of the Renewal Community
 - Location of target area(s)
 - Census Tract(s) and Block Group(s) involved

G. PRE-AGREEMENT AND ADMINISTRATIVE COSTS CERTIFICATION

I certify that our local governing body will pay all of the pre-agreement and administrative costs associated with the implementation of this LCDBG program; such costs will include, but not be limited to application preparation fees, audit fees, advertising and publication fees, local staff time, workshop expenses, and/or administrative consultant fees. I have marked the following box which indicates who will be responsible for administering the LCDBG program. The documentation to support this is included in this application in accordance with the instructions.

_____ The local governing body will utilize an administrative consultant to administer the LCDBG Program. The proposed consultant is _____. Attached is a copy of the required resolution by the local governing body.

_____ The local governing body will utilize its own staff for the purpose of administering the LCDBG Program. Attached are a resolution and a sheet containing the required documentation requested in the instructions.

Signature of Chief Elected Official

Date

INSTRUCTIONS

Pre-agreement and Administrative Costs Certification

This form must be completed by those applicants that will pay all of the pre-agreement and administrative costs associated with the implementation of the LCDBG Program. Such administrative costs may include, but not be limited to, application preparation fees, audit fees, advertising and publication fees, local staff time, workshop expenses, administrative consultant fees, etc. **If the applicant is requesting LCDBG funds for pre-agreement and/or administrative costs, this form should not be completed and signed; a point will not be assigned if any LCDBG funds are requested for pre-agreement and/or administrative costs.**

An applicant may intend to utilize the services of an administrative consultant, to utilize local staff, or to utilize both. The certification must identify which circumstances apply by marking one or both boxes.

If the applicant plans to utilize the services of an administrative consultant, local funds must be pledged and allocated for such services. To substantiate that the local governing body will pay the administrative costs associated with the LCDBG Program, this form must be completed and signed by the chief elected official. A copy of the resolution passed by the local governing body identifying the administrative consultant hired and the proposed amount of the contract must be included in the application. That resolution should also state that local funds will be used to pay the pre-agreement costs, administrative consultant fees and any other administrative costs incurred by the local governing body.

If the local governing body maintains full-time permanent staff for the sole or partial purpose of administering LCDBG or other federal programs, such staff must have proved its capacity to administer LCDBG or other federal programs through previous program administration. To substantiate that the local governing body will pay the pre-agreement and administrative costs associated with the LCDBG Program, this form must be completed and signed by the chief elected official. A sheet should be attached that identifies the staff person(s) who will be responsible for program administration, their job title or position, and a brief listing of their previous experience in administering LCDBG or other federal programs. A copy of the resolution passed by the local governing body stating that local funds will be used to pay all pre-agreement and administrative costs incurred by the local governing body must be included in the application.

In order to receive the point associated with this factor, the form must be completed and signed by the chief elected official and the corresponding documentation must be included in the application. **The applicant will not receive this point if the required information is not included in the application.**

The following requirement will apply to those applicants that receive the point for paying pre-agreement and administrative costs and are successful in receiving a grant. If such grantees have an under-run in their project costs, the grantee will not be allowed to re-budget those monies for the purpose of reimbursing the local governing body for any pre-agreement and administrative costs associated with the LCDBG Program.

PROOFS OF PUBLICATION

A copy of the two public notices and proofs of publication must be included in the application package. The required content of these notices is explained on pages 35 and 36 of this package.

LOUISIANA CDBG PROGRAM

STATEMENT OF ASSURANCES

This applicant hereby assures and certifies that:

1. It possesses legal authority to apply for the grant and to execute the proposed program.
2. Its governing body has duly adopted or passed as an official act a resolution, motion, or similar action authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.
3. It has facilitated citizen participation by:
 - a. Providing adequate notices that provide the information specified in the Application Package.
 - b. Holding a hearing to obtain citizens' views on housing and community development needs and to provide citizens with the information specified in the Application Package.
4. It has adopted a detailed written citizen participation plan that:
 - a. Provides for and encourages citizen participation,
 - b. Provides citizens with reasonable and timely access to local meetings, information, and records,
 - c. Provides for technical assistance,
 - d. Provides for public hearings
 - e. Provides for timely responses to written complaints and grievances, and
 - f. Accommodates the needs of non-English speaking residents and persons with disabilities in public hearings.
5. Its chief executive officer or other officer of applicant approved by the State:
 - a. Consents to assume the status of a responsible Federal official under the National Environmental Policy Act of 1969 insofar as the provisions of such Act apply to the Louisiana Community Development Block Grant Program; and
 - b. Is authorized and consents on behalf of the applicant and himself to accept the jurisdiction of the federal courts for the purpose of enforcement of his responsibilities as such an official.
6. The community development program has been developed so as to give maximum feasible priority to activities that will benefit low and moderate income families or aid in the prevention or elimination of slums or blight.

7. It will comply with the regulations, policies, guidelines, requirements of OMB Circulars Numbers A-87, A-102, as amended and made part of the State regulations, A-133, revised, and 24 CFR 85.36, as they relate to the application, acceptance, and use of federal funds under this part.
8. It will administer and enforce the labor standards requirements set forth in 24 CFR 570.603 and regulations issued to implement such requirements.
9. It will comply with the provisions of Executive Order 11296, relating to evaluation of flood hazards and Executive Order 11288 relating to the prevention, control and abatement water pollution.
10. It will require every building or facility (other than a privately owned residential structure) designed, constructed, or altered with funds provided under this part to comply with the “American Standard Specifications for Making Buildings and Facilities Accessible to, and Usable by, the Physically Handicapped,” Number A-117.1-R 1971, subject to the exceptions contained in 41 CFR 101-19.604. The applicant will be responsible for conducting inspections to insure compliance with these specifications by the contractor.
11. It will comply with:
 - a. Title VI of the Civil Rights Acts of 1964 (Pub. L. 88-252) as amended, and the regulations issued pursuant thereto (24 CFR Part 1), which provides that no person in the United States shall on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives federal financial assistance and will immediately take any measures necessary to effectuate this assurance. If any real property or structure thereon is provided or improved with the aid of federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer of such property, any transferee, for the period during which the property or structure is used for another purpose involving the provision of similar services or benefits.
 - b. Section 104 (b) (2) of Title VIII of the Civil Rights Act of 1968 (Public Law 90-284), as amended, administering all programs and activities relating to housing and community development in a manner to affirmatively further fair housing. Title VIII further prohibits discrimination against any person in the sale or rental of housing, or the provision of brokerage services, including in any way making unavailable or denying a dwelling to any person, because of race, color, religion, sex, national origin, handicap or familial status.
 - c. Section 109 of the Housing and Community Development Act of 1974, and the regulations issued pursuant thereto (24 CFR Part 570.602), which provides that no person in the United States shall, on the grounds of race, color, national origin, or sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any program or activity funded in whole or in part with funds provided under this Part. Section 109 further prohibits discrimination to an otherwise qualified individual with handicap as provided under Section 504 of the Rehabilitation Act of 1973, as amended, and prohibits discrimination based on age as provided under the Age Discrimination Act of 1975.
 - d. Executive Order 11063 on equal opportunity in housing and non-discrimination in the sale or rental of housing built with federal assistance.

- e. Executive Order 11246, and the regulations issued pursuant thereto and Section 4(b) of the Grant Agreement, which provides that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of federal or federally assisted construction contracts. Contractors and subcontractors on federal and federally assisted construction contracts shall take affirmative action to insure fair treatment in employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination, rates of pay or other forms of compensation and selection for training and apprenticeship.
12. It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended, requiring that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project area and contracts for work in connection with the project be awarded to eligible Section 3 business concerns.
13. It will:
- a. To the greatest extent practicable under State law, comply with Sections 301 and 302 of Title III (Uniform Real Property Acquisition Policy) of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and will comply with Sections 303 and 304 of Title III, and HUD implementing instructions at 24 CFR Part 42; and
 - b. Inform affected persons of their rights and of the acquisition policies and procedures set forth in the regulations at 24 CFR Part 42.
14. It will:
- a. Comply with Title II (Uniform Relocation Assistance) of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and HUD implementing regulations at 24 CFR Part 42 and 24 CFR 570.606;
 - b. Provide relocation payments and offer relocation assistance as described in Section 205 of the Uniform Relocation Assistance Act to all persons displaced as a result of acquisition of real property for an activity assisted under the Community Development Block Grant Program. Such payments and assistance shall be provided in a fair and consistent and equitable manner that ensures that the relocation process does not result in different or separate treatment of such persons on account of race, color, religion, national origin, sex or source of income; and
 - c. Assure that, within a reasonable period of time prior to displacement, comparable decent, safe and sanitary replacement dwellings will be available to all displaced families and individuals and that the range of choices available to such persons will not vary on account of their race, color, religion, national origin, sex, or source of income.
 - d. It will follow a residential antidisplacement and relocation assistance plan and it will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 as required under Section 570.606(a) and HUD implementing regulations at 24 CFR Part 42; the requirements in Section 570.606(b) governing the residential antidisplacement and relocation assistance plan under Section 104(d) of the Housing and Community Development Act of 1974; the relocation requirements of Section 505.606(c) governing displacement subject to Section 104(k) of the Act; and the relocation requirements of Section 505.606(d) governing optional relocation assistance under Section 105(a)(11) of the Act.

15. It will establish safeguards to prohibit employees from using positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
16. It will comply with the provisions of the Hatch Act that limits the political activity of employees.
17. It will give the State and HUD, through any authorized representatives, access to and the right to examine all records, books, papers, or documents related to the grant.
18. It will ensure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the program are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify HUD of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.
19. It will comply with the flood insurance purchase requirement of Section 102(a) of the Flood Disaster Protection Act of 1973, Public Law 93-234, 87 Stat.975, approved December 31, 1973 Section 103(a) required, on and after March 2, 1974, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any federal financial assistance for construction or acquisition purposes for use in any area, that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "federal financial assistance" includes any form of loan, grant guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect federal assistance.
20. It will, in connection with its performance of environmental assessments under the National Environmental Policy Act of 1969, comply with Section 106 of the National Historic Preservation Act of 1966 (16 U.S.C.470), Executive Order 11593, and the Preservation of Archeological and Historical Data Act of 1966 (16 U.S.C. 469a-1, et.seq.) by:
 - a. Consulting with the State Historic Preservation Officer to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse affects (see 36 CFR Part 800.8) by the proposed activity; and
 - b. Complying with all requirements established by the State to avoid or mitigate adverse effects upon such properties.
21. It will comply with all requirements imposed by the State concerning special requirements of law, program requirements, and other administrative requirements, approved in accordance with OMB Circular A-102, revised as it existed prior to its publication in revised form in the March 11, 1988 Federal Register, Vol. 53, No. 48.
22. It will minimize displacement of persons as a result of activities assisted with such LCDBG funds.
23. It will not attempt to recover any capital costs for public improvements financed in whole or in part with LCDBG funds, through assessments against properties owned and occupied by low and moderate income persons including any fees charged or assessed made as a condition of obtaining access to such public improvements.

Exception to the Requirement - The first sentence of Section 570.200(c)(2) of the regulations prohibits levying special assessments to recover any CDBG funds used to pay for public improvements, and remains applicable. There are, however, two exceptions or circumstances in which an assessment or fee may be made to recover the non-CDBG share of the capital costs:

- a. Where funds received under the State's CDBG allocation are used to pay the proportion of a fee or assessment against properties owned and occupied by low and moderate income persons. (Such payments are eligible CDBG activities subject to the provisions of S570.200(c)(3) of the regulations); or
 - b. Where the grantee certifies that it lacks sufficient CDBG funds to comply with the requirements, for the payment of assessments against properties owned and occupied by persons of low and moderate income who are not very low income (i.e., not below 50 percent of median). In this case, the assessment may be made against such properties without paying for the assessment with CDBG funds.
24. It will adopt and enforce a policy prohibiting the use of excessive force by law enforcement agencies within its jurisdiction against any individual engaged in non-violent Civil Rights demonstrations in accordance with Section 519 of Public Law 101-1448 (the 1990 HUD Appropriations Act).
25. It certifies that no federally appropriated funds will be paid for any lobbying purposes regardless of the level of government.

Signing these assurances means that the municipality/parish agrees to implement its program in accord with these provisions. Failure to comply can result in serious audit and/or monitoring findings that require repayment of funds to the State or expending municipality/parish funds to correct deficiencies. A training session will be held to describe these requirements to all funded applicants. Municipality/parish staff attendance will be mandatory.

SIGNATURE OF CHIEF ELECTED OFFICIAL

TYPED/NAME AND TITLE OF CHIEF ELECTED OFFICIAL

DATE

DISCLOSURE REPORT

PART I - APPLICANT/GRANTEE INFORMATION

1. Applicant/grantee name and address: _____

Phone # _____ Federal Employer ID # _____
2. This is an: Initial Report ☒ Updated Report _____
-
3. Project Assisted/to be Assisted _____

a. Fiscal year: _____
b. Competitive Grant: ☒
c. Amount requested/received: _____
d. Program income to be used with c. above: _____
e. Total of c. and d: _____
-

PART II - THRESHOLD DETERMINATIONS

1. Is the amount listed at 3.e. (above) more than \$200,000? Yes _____ No _____
2. Have you received or applied for other HUD assistance (through programs listed in Appendix A of the Instructions) which when added to 3.e. (above) amounts to more than \$200,000?
Yes _____ No _____

If the answer to either 1. or 2. of this Part is "yes", then you must complete the remainder of this report.

If the answer to both 1. or 2. of this Part is "no", then you are not required to complete the remainder of this report, but you must sign the following certification.

I hereby certify that this information is true.

(Chief Elected Official)

(Date)

PART III - OTHER GOVERNMENT ASSISTANCE PROVIDED/APPLIED FOR

Provide the requested information for any other Federal, State and/or local governmental assistance, on hand or applied for, that will be used in conjunction with the LCDBG program. (See Appendix A of the Instructions for a listing of the HUD programs subject to disclosure.)

Name and Address of Agency Providing or to Provide Assistance	Name of Program	Type of Assistance (loan, grant, etc.)	Amount Requested or Provided

PART IV – INTERESTED PARTIES

Alphabetical Listing of All Persons With a Reportable Financial Interest in the Project	Social Security # or Employer Identification # (Optional)	Type of Participation in Project	Contract Execution Date	Financial Interest In Project \$ and %

PART V - EXPECTED SOURCES AND USES OF FUNDS

This Part requires you to identify the sources and uses of all assistance, including LCDBG, that have been or may be used in the project.

Source

Use

PART VI – CERTIFICATION

I hereby certify that the information provided in this disclosure is true and correct and I am aware that making any materially false, fictitious, or fraudulent statement or representation may subject me to criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, I am aware that if I materially violate any required disclosure of information, including concealing a material fact, I am subject to being fined under this title or imprisoned not more than five years, or both.

(Chief Elected Official)

(Date)

INSTRUCTIONS FOR COMPLETION OF DISCLOSURE REPORT

All applicants for or recipients of LCDBG Funds must complete and submit Parts I and II of the Disclosure Report. At the completion of Part II of the report, some applicants/recipients will find that they must also complete Parts III, IV, V and VI of the Report.

Part I requires the applicant's name, address, phone and federal employer identification number; indicate as to whether this is an initial report or an updated report (all FY 2006 - FY 2007 applicants/recipients will check the initial report box when preparing this report for the first time); provide a brief description of the project and include contract number, if known; identify the fiscal year of the LCDBG funds requested (FY 2006 - FY 2007); the amount of FY 2006 - FY 2007 LCDBG funds being requested or received; the amount of any LCDBG program income that will be used with the FY 2006 - FY 2007 LCDBG funds; and, the total amount (FY 2006 - FY 2007 funds plus program income). The requirements for updated reports are discussed on the following page.

Part II asks two questions. If the answer to both questions is "no", then the chief elected official must sign the certification at the end of Part II, but is not required to complete the remainder of the Report. If the answer to either question is "yes", then the applicant must complete the remainder of the Report.

Part III requires information on any other Federal, State and/or local assistance that is to be used in conjunction with the FY 2006 - FY 2007 LCDBG program. "Other government assistance" is defined as including any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit or any other form of direct or indirect assistance from the Federal government, the State (other than the LCDBG assistance requested/received the application/grant award), or a unit of general local government, or any agency or instrumentality thereof, that is available, or is expected to be made available with respect to the LCDBG project or activities. For purposes of this definition, other government assistance is expected to be made available if, based on an assessment of all the circumstances involved, there is reasonable grounds to anticipate that the assistance will be forthcoming or if other funds were identified in the application. If the applicant has no other government assistance to disclose, then state "No other government assistance has been applied for or will be provided" on this form.

Part IV requires the identification of interested parties. Interested parties are persons and entities with a reportable financial interest in the project. Person and "entity" means an individual (including a consultant, lobbyist, or lawyer), corporation, company, association, authority, firm, partnership, society, state, unit of general local government, governmental entity or agency, Indian tribe, and any other organization or group of people. If an entity is being disclosed, the disclosure in Part IV must include an identification of each officer, director, principal stockholder or other official of the entity. All consultants, developers or contractors involved in the application for LCDBG assistance, or in the planning, development or implementation of the project, must be identified as an interested party. Also, any other person or entity that has a pecuniary interest in the project that exceeds \$50,000 or ten percent of the LCDBG assistance, whichever is lower, must be listed as an interested party. Pecuniary interest means any financial involvement in the project, including (but not limited to) situations in which an individual or entity has an equity interest in the project, shares in any profit or resale or any distribution of surplus cash or other assets of the project or receives compensation for any goods or services provided in connection with the project. (The following are not considered interested parties: local LCDBG administrative staff, recipients of housing rehab assistance, and rehab contractors as long as the rehab agreement is between the property

owner and the contractor.) The financial interest in the project must be identified both as a dollar amount and as a percentage of the total amount of the LCDBG funds.

It is realized that at the time of application, applicants may not be aware of all interested parties since contracts and agreements for goods and services are not generally awarded until after notice of grant award. Subsequent to grant award, as projects are being implemented, funds will be committed to interested parties which will necessitate the submission of an updated Disclosure Report. However, if other governmental assistance is identified under Part II of the Disclosure Report to be used in conjunction with the LCDBG funds and, if these other funds have been committed to interested parties, then those interested parties must be identified in Part IV of the initial report.

Entry of the social security number or federal employer identification number is optional.

Part V requires applicants/recipients to identify the sources and uses of all funds to be used in conjunction with the LCDBG funded project. The sources and uses must include all the other assistance identified in Part III as well as the LCDBG funds identified in Part I, items 3c. and 3d.

Part VI requires a signed certification by the Chief Elected Official.

Updated Reports

All applicants/grantees who have submitted initial disclosure reports are required to submit updated disclosure reports whenever any of the following instances occur:

1. The applicant/grantee discovers that information was omitted from its initial report or any updated reports.
2. Additional persons or entities can be identified as interested parties. These are persons or entities that did not have a pecuniary interest when the initial or last updated report was submitted.
3. There is a change in other government assistance that exceeds the amount of assistance that was previously disclosed.
4. There is a change in the pecuniary interest of any person or entity that exceeds the amount of all previously disclosed interests by the lesser of \$50,000 or ten percent of such interest.
5. For all projects receiving a tax credit under federal, state, or local law, there has been a change in the expected sources or uses of funds that were previously disclosed.
6. There is a change in the expected source of funds from a single source that exceeds the lesser of the amount previously disclosed for that source of funds by \$250,000 or ten percent of the funds previously disclosed for that source.
7. There is a change in the expected sources of funds from all sources previously disclosed that exceeds the lesser of \$250,000 or ten percent of the amounts previously disclosed from all sources of funds.

8. There is a change in a single expected use of funds that exceeds the lesser of \$250,000 or ten percent of the previously disclosed uses for all funds.
9. There is a change in the use of all funds that exceeds the lesser of \$250,000 or ten percent of the previously disclosed uses for all funds.

Grantees must constantly monitor their project to ensure that an updated disclosure report is submitted within thirty days of any change that meets one of the nine criteria discussed above. Updated reports are required until the project is closed out.

APPENDIX A

This Appendix contains a list of all the HUD Programs that are subject to the disclosure requirements of the Housing and Urban Development Reform Act of 1989. All applicants for or recipients of FY 2006 - FY 2007 LCDBG assistance must review this list to determine if they are receiving, or expect to receive, assistance from other covered HUD programs besides the LCDBG Program. HUD funds that are received either directly from HUD or through the State must also be considered. The State administered LCDBG Program is listed as item 3(v).

It is the total amount of funds received from all of the below sources that the applicant/recipient uses to answer the second question of Part II of the Disclosure Report.

- (1) Section 312 Rehabilitation Loans under 24 CFR part 510, except loans for single family properties.
- (2) Applications for grant amounts for a specific project or activity under the Rental Rehabilitation Grant program under 24 CFR part 511 made to:
 - (i) A State grantee under Subpart F;
 - (ii) A unit of general local government or a consortium of units of general local government receiving funds from a State or directly from HUD (whether or not by formula) under Subparts D, F, and G; and
 - (iii) HUD, for technical assistance under S511.3.

(Excludes formula distributions to States, units of general local government, or consortia of units of general local government under Subparts D and G, within-year reallocations under Subpart D, and the HUD-administered Small Cities program under Subpart F.)

- (3) Applications for grant amounts for a specific project or activity under Title I of the Housing and Community Development Act of 1974 made to:
 - (i) HUD, for a Special Purpose Grant under Section 105 of the Department of Housing and Urban Development Reform Act of 1989 for technical assistance, the Work Study program or Historically Black colleges,
 - (ii) HUD, for a loan guarantee under 24 CFR part 470, Subpart M;
 - (iii) HUD, for a grant to an Indian tribe under Title I of the Housing and Community Development Act of 1974; and
 - (iv) HUD, for a grant under the HUD-administered Small Cities program under CFR part 570, Subpart F; and
 - (v) A State or unit of general local government under 24 CFR part 570.
- (4) Applications for grant amounts for a specific project or activity under the Emergency Shelter Grants program under 24 CFR part 576 made to a State or to a unit of general local government, including a Territory.

(Excludes formula distributions to States and units of general local government [including Territories]; reallocations to States, units of general local government [including Territories] and non-profit organizations; and applications to an entity other than HUD or a State or unit of general local government.)

- (5) Transitional Housing under 24 CFR part 577.
- (6) Permanent Housing for Handicapped Homeless Persons under 24 CFR part 578.
- (7) Section 8 Housing Assistance Payments (only project-based housing under the Existing Housing and Moderate Rehabilitation programs under 24 CFR part 882, including the Moderate Rehabilitation Program for Single Room Occupancy Dwellings for the Homeless under Subpart H).
- (8) Section 8 Housing Assistance Payments for Housing for the Elderly or Handicapped under 24 CFR part 885.
- (9) Loans for Housing for the Elderly or Handicapped under Section 202 of the Housing Act of 1959 (including operating assistance for Housing for the Handicapped under Section 162 of the Housing and Community Development Act of 1987 and Seed Money Loans under Section 106(b) of the Housing and Urban Development Act of 1968).
- (10) Section 8 Housing Assistance Payments - Special Allocations - under 24 CFR part 886.
- (11) Flexible Subsidy under 24 CFR part 219 - both Operating Assistance under Subpart B and Capital Improvement Loans under Subpart C.
- (12) Low-Rent Housing Opportunities under 24 CFR part 904.
- (13) Indian Housing under 24 CFR part 905.
- (14) Public Housing Development under 24 CFR part 941.
- (15) Comprehensive Improvement Assistance under 24 CFR part 968.
- (16) Resident Management under 24 CFR part 964, Subpart C.
- (17) Neighborhood Development Demonstration under Section 123 of the Housing and Urban-Rural Recovery Act of 1983.
- (18) Nehemiah Grants under 24 CFR part 280.
- (19) Research and Technology Grants under Title V of the Housing and Urban Development Act of 1970.
- (20) Congregate Services under the Congregate Housing Services Act of 1978.
- (21) Counseling under Section 106 of the Housing and Urban Development Act of 1968.
- (22) Fair Housing Initiatives under 24 CFR part 125.
- (23) Public Housing Drug Elimination Grants under Section 5129 of the Anti-Drug Abuse Act of 1988.

- (24) Fair Housing Assistance under 24 CFR part 111.
- (25) Public Housing Early Childhood Development Grants under Section 222 of the Housing and Urban-Rural Recovery Act of 1983.
- (26) Mortgage Insurance under 24 CFR Subtitle B, Chapter II (only multifamily and non-residential).
- (27) Supplemental Assistance for Facilities to Assist the Homeless under 24 CFR part 579.
- (28) Shelter Plus Care Assistance under Section 837 of the Cranston-Gonzalez National Affordable Housing Act.
- (29) Planning and Implementation Grants for HOPE for Public and Indian Housing Homeownership under Title IV, Subtitle A, of the Cranston-Gonzalez National Affordable Housing Act.
- (30) Planning and Implementation Grants for HOPE for Homeownership of Multifamily Units under Title IV, Subtitle B, of the Cranston-Gonzalez National Affordable Housing Act.
- (31) HOPE for Elderly Independence Demonstration under Section 803 of the Cranston-Gonzalez National Affordable Housing Act.

FY 2005 LCDBG Extremely Low Income Limits By Household Size(30% of the Median Parish Income)

<u>New Orleans MSA</u>	<u>1 Person</u>	<u>2 Person</u>	<u>3 Person</u>	<u>4 Person</u>	<u>5 Person</u>	<u>6 Person</u>	<u>7 Person</u>	<u>8 Person</u>
Orleans	10,700	12,250	13,750	15,300	16,500	17,750	18,950	20,200
Jefferson	10,700	12,250	13,750	15,300	16,500	17,750	18,950	20,200
St. Tammany	10,700	12,250	13,750	15,300	16,500	17,750	18,950	20,200
St. Charles	10,700	12,250	13,750	15,300	16,500	17,750	18,950	20,200
St. Bernard	10,700	12,250	13,750	15,300	16,500	17,750	18,950	20,200
Plaquemines	10,700	12,250	13,750	15,300	16,500	17,750	18,950	20,200
St. John Baptist	10,700	12,250	13,750	15,300	16,500	17,750	18,950	20,200
<u>Baton Rouge MSA</u>								
E. Baton Rouge	11,800	13,500	15,150	16,850	18,200	19,950	20,900	22,250
Livingston	11,800	13,500	15,150	16,850	18,200	19,950	20,900	22,250
Ascension	11,800	13,500	15,150	16,850	18,200	19,950	20,900	22,250
W. Baton Rouge	11,800	13,500	15,150	16,850	18,200	19,950	20,900	22,250
<u>Lafayette MSA</u>								
Lafayette	9,900	11,350	12,750	14,150	15,300	16,450	17,550	18,700
St. Martin	9,900	11,350	12,750	14,150	15,300	16,450	17,550	18,700
Acadia	9,900	11,350	12,750	14,150	15,300	16,450	17,550	18,700
St. Landry	9,900	11,350	12,750	14,150	15,300	16,450	17,550	18,700
<u>Lake Charles MSA</u>								
Calcasieu	10,500	12,000	13,500	15,000	16,200	17,400	18,600	19,800
<u>Shreveport MSA</u>								
Caddo	10,100	11,500	12,950	14,400	15,550	16,700	17,850	19,000
Bossier	10,100	11,500	12,950	14,400	15,550	16,700	17,850	19,000
Webster	10,100	11,500	12,950	14,400	15,550	16,700	17,850	19,000
<u>Monroe MSA</u>								
Ouachita	10,100	11,500	12,950	14,400	15,550	16,700	17,850	19,000
<u>Alexandria MSA</u>								
Rapides	9,250	10,600	11,900	13,250	14,300	15,350	16,400	17,450
<u>Houma-Terrebonne MSA</u>								
Lafourche	10,350	11,850	13,350	14,800	16,000	17,200	18,400	19,550
Terrebonne	10,350	11,850	13,350	14,800	16,000	17,200	18,400	19,550

Non-Metropolitan Parishes

	<u>1 Person</u>	<u>2 Person</u>	<u>3 Person</u>	<u>4 Person</u>	<u>5 Person</u>	<u>6 Person</u>	<u>7 Person</u>	<u>8 Person</u>
Allen	8,650	9,850	11,100	12,350	13,300	14,300	15,300	16,300
Assumption	10,000	11,400	12,850	14,300	15,400	16,550	17,700	18,850
Avoyelles	8,400	9,600	10,750	11,950	12,950	13,900	14,850	15,800
Beauregard	9,500	10,850	12,250	13,600	14,700	15,750	16,850	17,950
Bienville	8,400	9,600	10,750	11,950	12,950	13,900	14,850	15,800
Caldwell	8,400	9,600	10,800	12,000	12,950	13,900	14,900	15,850
Cameron	9,850	11,300	12,700	14,100	15,250	16,350	17,500	18,600
Catahoula	8,400	9,600	10,750	11,950	12,950	13,900	14,850	15,800
Claiborne	8,450	9,650	10,850	12,050	13,000	14,000	14,950	15,900

**FY 2005 Extremely
Low Income Limits
Continued**

	<u>1 Person</u>	<u>2 Person</u>	<u>3 Person</u>	<u>4 Person</u>	<u>5 Person</u>	<u>6 Person</u>	<u>7 Person</u>	<u>8 Person</u>
Concordia	8,400	9,600	10,750	11,950	12,950	13,900	14,850	15,800
Desoto	8,550	9,800	11,000	12,250	13,200	14,200	15,200	16,150
East Carroll	8,400	9,600	10,750	11,950	12,950	13,900	14,850	15,800
East Feliciana	9,500	10,850	12,250	13,600	14,700	15,750	16,850	17,950
Evangeline	8,400	9,600	10,750	11,950	12,950	13,900	14,850	15,800
Franklin	8,400	9,600	10,750	11,950	12,950	13,900	14,850	15,800
Grant	9,200	10,500	11,800	13,100	14,150	15,200	16,250	17,300
Iberia	9,000	10,300	11,600	12,850	13,900	14,950	15,950	17,000
Iberville	8,550	9,750	11,000	12,200	13,200	14,150	15,150	16,100
Jackson	9,050	10,350	11,650	12,950	14,000	15,050	16,050	17,100
Jefferson Davis	8,400	9,600	10,850	12,050	13,000	13,950	14,900	15,900
LaSalle	9,200	10,500	11,850	13,150	14,200	15,250	16,300	17,350
Lincoln	9,850	11,250	12,650	14,050	15,150	16,300	17,400	18,550
Madison	8,400	9,600	10,750	11,950	12,950	13,900	14,850	15,800
Morehouse	8,400	9,600	10,750	11,950	12,950	13,900	14,850	15,800
Natchitoches	8,400	9,600	10,750	11,950	12,950	13,900	14,850	15,800
Pointe Coupee	9,600	10,950	12,300	13,700	14,750	15,850	16,950	18,050
Red River	8,400	9,600	10,750	11,950	12,950	13,900	14,850	15,800
Richland	8,400	9,600	10,750	11,950	12,950	13,900	14,850	15,800
Sabine	8,400	9,600	10,750	11,950	12,950	13,900	14,850	15,800
St. Helena	8,400	9,600	10,750	11,950	12,950	13,900	14,850	15,800
St. James	10,350	11,850	13,300	14,800	15,950	17,150	18,350	19,500
St. Mary	8,400	9,600	10,750	11,950	12,950	13,900	14,850	15,800
Tangipahoa	9,200	10,550	11,850	13,150	14,200	15,300	16,350	17,400
Tensas	8,400	9,600	10,750	11,950	12,950	13,900	14,850	15,800
Union	9,050	10,350	11,650	12,950	13,950	15,000	16,050	17,050
Vermilion	9,050	10,350	11,650	12,950	14,000	15,050	16,050	17,100
Vernon	8,750	10,000	11,250	12,500	13,500	14,500	15,500	16,500
Washington	8,400	9,600	10,750	11,950	12,950	13,900	14,850	15,800
West Carroll	8,400	9,600	10,750	11,950	12,950	13,900	14,850	15,800
West Feliciana	12,400	14,200	15,950	17,750	19,150	20,550	22,000	23,400
Winn	8,400	9,600	10,750	11,950	12,950	13,900	14,850	15,800

- Please call Mr. William Hall at 225/342-7412 for the annual income limits for families with 9 or more persons.

Source: Income limits provided by the U. S. Department of Housing and Urban Development.

FY 2005 LCDBG Low Income Limits By Household Size
By Parish and MSA
(50% of the Median Parish Income)

<u>New Orleans MSA</u>	<u>1 Person</u>	<u>2 Person</u>	<u>3 Person</u>	<u>4 Person</u>	<u>5 Person</u>	<u>6 Person</u>	<u>7 Person</u>	<u>8 Person</u>
Orleans	17,850	20,400	22,950	25,500	27,750	29,600	31,600	33,650
Jefferson	17,850	20,400	22,950	25,500	27,750	29,600	31,600	33,650
St. Tammany	17,850	20,400	22,950	25,500	27,750	29,600	31,600	33,650
St. Charles	17,850	20,400	22,950	25,500	27,750	29,600	31,600	33,650
St. Bernard	17,850	20,400	22,950	25,500	27,750	29,600	31,600	33,650
Plaquemines	17,850	20,400	22,950	25,500	27,750	29,600	31,600	33,650
St. John Baptist	17,850	20,400	22,950	25,500	27,750	29,600	31,600	33,650
<u>Baton Rouge MSA</u>								
E. Baton Rouge	19,650	22,450	25,250	28,100	30,300	32,550	34,800	37,050
Livingston	19,650	22,450	25,250	28,100	30,300	32,550	34,800	37,050
Ascension	19,650	22,450	25,250	28,100	30,300	32,550	34,800	37,050
W. Baton Rouge	19,650	22,450	25,250	28,100	30,300	32,550	34,800	37,050
<u>Lafayette MSA</u>								
Lafayette	16,500	18,900	21,250	23,600	25,500	27,400	29,250	31,150
St. Martin	16,500	18,900	21,250	23,600	25,500	27,400	29,250	31,150
Acadia	16,500	18,900	21,250	23,600	25,500	27,400	29,250	31,150
St. Landry	16,500	18,900	21,250	23,600	25,500	27,400	29,250	31,150
<u>Lake Charles MSA</u>								
Calcasieu	17,500	20,000	22,500	25,000	26,950	28,950	30,950	32,950
<u>Shreveport MSA</u>								
Caddo	16,800	19,200	21,600	24,000	25,900	27,850	29,750	31,700
Bossier	16,800	19,200	21,600	24,000	25,900	27,850	29,750	31,700
Webster	16,800	19,200	21,600	24,000	25,900	27,850	29,750	31,700
<u>Monroe MSA</u>								
Ouachita	16,800	19,200	21,600	24,000	25,900	27,800	29,750	31,650
<u>Alexandria MSA</u>								
Rapides	15,400	17,600	19,800	22,050	23,800	25,550	27,300	29,050
<u>Houma-Terrebonne MSA</u>								
Lafourche	17,300	19,750	22,250	24,700	26,700	28,650	30,650	32,600
Terrebonne	17,300	19,750	22,250	24,700	26,700	28,650	30,650	32,600

Non-Metropolitan Parishes

	<u>1 Person</u>	<u>2 Person</u>	<u>3 Person</u>	<u>4 Person</u>	<u>5 Person</u>	<u>6 Person</u>	<u>7 Person</u>	<u>8 Person</u>
Allen	14,400	16,450	18,500	20,550	22,200	23,850	25,500	27,150
Assumption	16,650	19,050	21,400	23,800	25,700	27,600	29,500	31,400
Avoyelles	13,950	15,950	17,950	19,950	21,550	23,150	24,750	26,350
Beauregard	15,850	18,100	20,400	22,650	24,450	26,250	28,100	29,900
Bienville	13,950	15,950	17,950	19,950	21,550	23,150	24,750	26,350
Caldwell	14,000	16,000	18,000	20,000	21,550	23,150	24,750	26,350
Cameron	16,450	18,800	21,150	23,500	25,400	27,250	29,150	31,000
Catahoula	13,950	15,950	17,950	19,950	21,550	23,150	24,750	26,350
Claiborne	14,050	16,100	18,100	20,100	21,700	23,300	24,900	26,550

**FY 2005 LCDBG Low
Income Limits Continued**

	<u>1 Person</u>	<u>2 Person</u>	<u>3 Person</u>	<u>4 Person</u>	<u>5 Person</u>	<u>6 Person</u>	<u>7 Person</u>	<u>8 Person</u>
Concordia	13,950	15,950	17,950	19,950	21,550	23,150	24,750	26,350
Desoto	14,300	16,300	18,350	20,400	22,050	23,650	25,300	26,950
East Carroll	13,950	15,950	17,950	19,950	21,550	23,150	24,750	26,350
East Feliciana	15,850	18,100	20,400	22,650	24,450	26,250	28,100	29,900
Evangeline	13,950	15,950	17,950	19,950	21,550	23,150	24,750	26,350
Franklin	13,950	15,950	17,950	19,950	21,550	23,150	24,750	26,350
Grant	15,300	17,500	19,650	21,850	23,600	25,350	27,100	28,850
Iberia	15,000	17,150	19,300	21,450	23,150	24,900	26,600	28,300
Iberville	14,250	16,250	18,300	20,350	21,950	23,600	25,200	26,850
Jackson	15,100	17,300	19,450	21,600	23,350	25,050	26,800	28,500
Jefferson Davis	14,050	16,050	18,050	20,050	21,650	23,250	24,850	26,450
LaSalle	15,350	17,500	19,700	21,900	23,650	25,400	27,150	28,900
Lincoln	16,350	18,700	21,050	23,400	25,250	27,100	29,000	30,850
Madison	13,950	15,950	17,950	19,950	21,550	23,150	24,750	26,350
Morehouse	13,950	15,950	17,950	19,950	21,550	23,150	24,750	26,350
Natchitoches	13,950	15,950	17,950	19,950	21,550	23,150	24,750	26,350
Pointe Coupee	15,950	18,250	20,500	22,800	24,600	26,450	28,250	30,100
Red River	13,950	15,950	17,950	19,950	21,550	23,150	24,750	26,350
Richland	13,950	15,950	17,950	19,950	21,550	23,150	24,750	26,350
Sabine	13,950	15,950	17,950	19,950	21,550	23,150	24,750	26,350
St. Helena	13,950	15,950	17,950	19,950	21,550	23,150	24,750	26,350
St. James	17,250	19,700	22,150	24,650	26,550	28,550	30,550	32,500
St. Mary	13,950	15,950	17,950	19,950	21,550	23,150	24,750	26,350
Tangipahoa	15,350	17,550	19,750	21,950	23,700	25,450	27,200	28,950
Tensas	13,950	15,950	17,950	19,950	21,550	23,150	24,750	26,350
Union	15,100	17,250	19,400	21,550	23,250	25,000	26,700	28,450
Vermilion	15,100	17,250	19,400	21,550	23,250	25,000	26,700	28,450
Vernon	14,600	16,700	18,750	20,850	22,500	24,200	25,850	27,500
Washington	13,950	15,950	17,950	19,950	21,550	23,150	24,750	26,350
West Carroll	13,950	15,950	17,950	19,950	21,550	23,150	24,750	26,350
West Feliciana	20,700	23,650	26,600	29,550	31,900	34,300	36,650	39,000
Winn	13,950	15,950	17,950	19,950	21,550	23,150	24,750	26,350

- Please call Mr. William Hall at 225/342-7412 for the annual income limits for families with 9 or more persons.

Source: Income limits provided by the U. S. Department of Housing and Urban Development.

FY 2005 LCDBG Moderate Income Limits By Household Size
By Parish and MSA
(80% of the Median Parish Income)

<u>New Orleans MSA</u>	<u>1 Person</u>	<u>2 Person</u>	<u>3 Person</u>	<u>4 Person</u>	<u>5 Person</u>	<u>6 Person</u>	<u>7 Person</u>	<u>8 Person</u>
Orleans	28,550	32,650	36,700	40,800	44,050	47,350	50,600	53,850
Jefferson	28,550	32,650	36,700	40,800	44,050	47,350	50,600	53,850
St. Tammany	28,550	32,650	36,700	40,800	44,050	47,350	50,600	53,850
St. Charles	28,550	32,650	36,700	40,800	44,050	47,350	50,600	53,850
St. Bernard	28,550	32,650	36,700	40,800	44,050	47,350	50,600	53,850
Plaquemines	28,550	32,650	36,700	40,800	44,050	47,350	50,600	53,850
St. John Baptist	28,550	32,650	36,700	40,800	44,050	47,350	50,600	53,850
<u>Baton Rouge MSA</u>								
E. Baton Rouge	31,450	35,950	40,450	44,950	48,550	52,150	55,750	59,350
Livingston	31,450	35,950	40,450	44,950	48,550	52,150	55,750	59,350
Ascension	31,450	35,950	40,450	44,950	48,550	52,150	55,750	59,350
W. Baton Rouge	31,450	35,950	40,450	44,950	48,550	52,150	55,750	59,350
<u>Lafayette MSA</u>								
Lafayette	26,450	30,200	34,000	37,750	40,800	43,800	46,800	49,850
St. Martin	26,450	30,200	34,000	37,750	40,800	43,800	46,800	49,850
Acadia	26,450	30,200	34,000	37,750	40,800	43,800	46,800	49,850
St. Landry	26,450	30,200	34,000	37,750	40,800	43,800	46,800	49,850
<u>Lake Charles MSA</u>								
Calcasieu	28,000	32,000	36,000	40,000	43,200	46,400	49,600	52,800
<u>Shreveport MSA</u>								
Caddo	26,900	30,700	34,550	38,400	41,450	44,550	47,600	50,700
Bossier	26,900	30,700	34,550	38,400	41,450	44,550	47,600	50,700
Webster	26,900	30,700	34,550	38,400	41,450	44,550	47,600	50,700
<u>Monroe MSA</u>								
Ouachita	26,900	30,700	34,550	38,400	41,450	44,550	47,600	50,700
<u>Alexandria MSA</u>								
Rapides	24,700	28,200	31,750	35,300	38,100	40,900	43,750	46,550
<u>Houma-Terrebonne MSA</u>								
Lafourche	27,650	31,600	35,550	39,500	42,700	45,850	49,000	52,150
Terrebonne	27,650	31,600	35,550	39,500	42,700	45,850	49,000	52,150

Non-Metropolitan Parishes

	<u>1 Person</u>	<u>2 Person</u>	<u>3 Person</u>	<u>4 Person</u>	<u>5 Person</u>	<u>6 Person</u>	<u>7 Person</u>	<u>8 Person</u>
Allen	23,000	26,300	29,600	32,900	35,500	38,150	40,750	43,400
Assumption	26,650	30,450	34,250	38,100	41,150	44,150	47,200	50,250
Avoyelles	22,350	25,550	28,750	31,900	34,450	37,050	39,600	42,150
Beauregard	25,350	29,000	32,600	36,250	39,150	42,050	44,950	47,850
Bienville	22,350	25,550	28,750	31,900	34,450	37,050	39,600	42,150
Caldwell	22,400	25,600	28,800	32,000	34,550	37,100	39,700	42,250
Cameron	26,300	30,100	33,850	37,600	40,600	43,600	46,600	49,650
Catahoula	22,350	25,550	28,750	31,900	34,450	37,050	39,600	42,150
Claiborne	22,500	25,750	28,950	32,150	34,750	37,300	39,900	42,450

**FY 2005 LCDBG Low
Income Limits Continued**

	<u>1 Person</u>	<u>2 Person</u>	<u>3 Person</u>	<u>4 Person</u>	<u>5 Person</u>	<u>6 Person</u>	<u>7 Person</u>	<u>8 Person</u>
Concordia	22,350	25,550	28,750	31,900	34,450	37,050	39,600	42,150
Desoto	22,850	26,100	29,400	32,650	35,250	37,850	40,450	43,100
East Carroll	22,350	25,550	28,750	31,900	34,450	37,050	39,600	42,150
East Feliciana	25,350	29,000	32,600	36,250	39,150	42,050	44,950	47,850
Evangeline	22,350	25,550	28,750	31,900	34,450	37,050	39,600	42,150
Franklin	22,350	25,550	28,750	31,900	34,450	37,050	39,600	42,150
Grant	24,450	27,950	31,450	34,950	37,750	40,550	43,350	46,150
Iberia	24,000	27,450	30,900	34,300	37,050	39,800	42,550	45,300
Iberville	22,800	26,050	29,300	32,550	35,150	37,750	40,350	43,000
Jackson	24,200	27,650	31,100	34,550	37,300	40,100	42,850	45,600
Jefferson Davis	22,450	25,650	28,850	32,100	34,650	37,200	39,800	42,350
LaSalle	24,550	28,050	31,550	35,050	37,850	40,650	43,450	46,250
Lincoln	26,200	29,950	33,700	37,450	40,450	43,450	46,450	49,400
Madison	22,350	25,550	28,750	31,900	34,450	37,050	39,600	42,150
Morehouse	22,350	25,550	28,750	31,900	34,450	37,050	39,600	42,150
Natchitoches	22,350	25,550	28,750	31,900	34,450	37,050	39,600	42,150
Pointe Coupee	25,550	29,200	32,850	36,500	39,400	42,300	45,250	48,150
Red River	22,350	25,550	28,750	31,900	34,450	37,050	39,600	42,150
Richland	22,350	25,550	28,750	31,900	34,450	37,050	39,600	42,150
Sabine	22,350	25,550	28,750	31,900	34,450	37,050	39,600	42,150
St. Helena	22,350	25,550	28,750	31,900	34,450	37,050	39,600	42,150
St. James	27,600	31,550	35,550	39,450	42,600	45,750	48,900	52,050
St. Mary	22,350	25,550	28,750	31,900	34,450	37,050	39,600	42,150
Tangipahoa	24,600	28,100	31,600	35,100	37,950	40,750	43,550	46,350
Tensas	22,350	25,550	28,750	31,900	34,450	37,050	39,600	42,150
Union	24,150	27,600	31,050	34,500	37,250	40,000	42,750	45,500
Vermilion	24,200	27,650	31,100	34,550	37,300	40,100	42,850	45,600
Vernon	23,500	26,700	30,000	33,350	36,050	38,700	41,350	44,050
Washington	22,350	25,550	28,750	31,900	34,450	37,050	39,600	42,150
West Carroll	22,350	25,550	28,750	31,900	34,450	37,050	39,600	42,150
West Feliciana	33,100	37,800	42,550	47,300	51,050	54,850	58,650	62,400
Winn	22,350	25,550	28,750	31,900	34,450	37,050	39,600	42,150

- Please call Mr. William Hall at 225/342-7412 for the annual income limits for families with 9 or more persons.

Source: Income limits provided by the U. S. Department of Housing and Urban Development.

